

SOUTHAMPTON COUNTY SCHOOLS

Post Office Box 96 • Courtland, Virginia 23837
Phone (757) 653-2692 • Fax (757) 653-9422

Charles E. Turner, Division Superintendent
Dr. M. Timothy Kelly, Assistant Superintendent

Russell C. Schools, Chairman
Roberta T. Naranjo, Vice-Chairman

November 29, 2011

Mr. Robert E. Smithson
Department of Environmental Quality
5636 Southern Boulevard
Virginia Beach, VA 23462



Re: Re-issuance of VPDES Permit No., VA0027375
Capron Elementary School, Capron, VA

Dear Mr. Smithson:

Enclosed is our application for re-issuance of VPDES Permit No., VA0027375 for Capron Elementary School.

Please call me at 757-653-2692 if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ricky Blunt".

Ricky Blunt
Director of Auxiliary Services

RB/rjb

Cc: Charles E. Turner
Division Superintendent

Board of Education

Berlin/Ivor District Florence W. Reynolds	Boykins District Roberta T. Naranjo	Capron District Russell C. Schools	Drewryville District Mary R. Blackburn	Franklin District Lynn J. Bradley	Jerusalem District Christopher Smith	Newsoms District Denise B Bunn	At Large Dr. Deberah Goodwyn Diane B. Jones
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Smithson Jr., Robert (DEQ)

From: Smithson Jr., Robert (DEQ)
Sent: Thursday, January 05, 2012 2:41 PM
To: 'Ruth Burch'
Cc: 'rblunt@southampton.k12.va.us'
Subject: RE: Re-issuance of Capron permit no. VA0027375

January 5, 2012

Thanks for submitting the reissuance application for Capron Elementary on December 7, 2011. Ruth, we need the original signature pages for each form. Also there were a few omissions in section B of the sludge form. Please resubmit pages 5,6 and 7 with an X for none/unknown on item 3.c., item 6.f. and item 6.g.

Let me know if you have any questions on completing your application.

-----Original Message-----

From: Ruth Burch [<mailto:rburch@southampton.k12.va.us>]
Sent: Wednesday, December 07, 2011 2:35 PM
To: Smithson Jr., Robert (DEQ)
Cc: ceturner@southampton.k12.va.us; rblunt@southampton.k12.va.us
Subject: Re-issuance of Capron permit no. VA0027375

Mr. Smithson,

Please find attached the application for the Capron Elementary School Permit No. VA0027375.

Contact Mr. Ricky Blunt at 757-653-2692 with any questions.

Thank you,

Ruth Burch
Driver Trainer/Secretary
Southampton County Schools

FACILITY NAME AND PERMIT NUMBER:

Capron Elementary School VA0027375

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Capron Elementary SchoolMailing Address P.O. Box 96 Courtland, VA 23837Contact person Ricky BluntTitle Director of Auxiliary ServicesTelephone number (757) 653-2692Facility Address 18414 Southampton Parkway Capron, VA 23829
(not P.O. Box)

RECEIVED - DEQ

DEC 7 2011

Tidewater Regional
Office

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name SAME AS ABOVE

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?



owner

☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility

applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0027375

PSD _____

UIC _____

Other _____

RCRA _____

Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Capron Elementary School</u>	<u>Students/Staff</u>	<u>Daily-Grab</u>	<u>Southampton School Bd.</u>
_____	_____	_____	_____
_____	_____	_____	_____

Total population served 244

FACILITY NAME AND PERMIT NUMBER:

Capron Elementary School VA0027375

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A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- .004
- mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	<u>.001</u>	<u>.001</u>	<u>.001</u> mgd
c. Maximum daily flow rate	<u>.003</u>	<u>.003</u>	<u>.003</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent X
- ii. Discharges of untreated or partially treated effluent
- iii. Combined sewer overflow points
- iv. Constructed emergency overflows (prior to the headworks)
- v. Other

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location:

Annual average daily volume discharged to surface impoundment(s) mgd

Is discharge continuous or intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location:

Number of acres:

Annual average daily volume applied to site: Mgd

Is land application continuous or intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

Capron Elementary School VA0027375

Form Approved 1/14/89
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

_____ Yes

✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Capron Elementary School VA0027375

Form Approved 1/14/88
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Capron 23829
(City or town, if applicable) (Zip Code)
Southampton VA
(County) (State)
36.7359N 77.2365W
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate .001 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Buckhorn Swamp - tributary to Nottoway River
- b. Name of watershed (if known) _____
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): _____
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable):
acute 0 cfs chronic 0 cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Capron Elementary School VA0027375

Form Approved 1/14/89
OMB Number 2040-0086

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary☒ Secondary☐ Advanced☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal .36 - .54 %

Design SS removal .30 - .45 %

Design P removal _____ %

Design N removal _____ %

Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall?



Yes

☐ No

- d. Does the treatment plant have post aeration?



Yes



No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.0	S.U.			
pH (Maximum)	9.0	S.U.			
Flow Rate	.004				
Temperature (Winter)	40				
Temperature (Summer)	70				

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	36		24		1/M	
	CBOD-5						
FECAL COLIFORM							
TOTAL SUSPENDED SOLIDS (TSS)	30		20		1/M		

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Capron Elementary School VA0027375

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to Instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Charles E. Turner, Division SuperintendentSignature Telephone number (757) 653-2692Date signed 12/6/11

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Southampton County School Board

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner. School Board

2. Is this facility located within city or town boundaries? Yes ☐ No ☒

3. Provide the tax map parcel number for the land where the discharge is located. 72-43A

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? NONE

5. What is the design average effluent flow of this facility? .004 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. Nature of operations generating wastewater:

Existing municipal discharge - School

0 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 0

100 % of flow from non-domestic connections/sources

7. Mode of discharge: ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

☐ Permanent stream, never dry

☒ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☐ Other: _____

9. Approval Date(s):

O & M Manual February 2003

Sludge/Solids Management Plan May 1998

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒

**VPDES/VPA Permit Billing Information Form
for Annual Maintenance Fee**

Facility Name: Capron Elementary School

Permit Number: VA0027375

Tax Payer ID (Federal Identification Number): 54-6001620

Social Security Number if no Tax Payer ID: _____

Person / Organization to be billed: Southampton County School Board

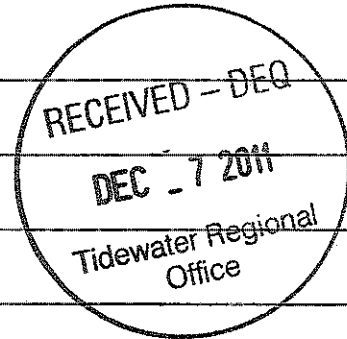
Billing Address: P. O. Box 96
Courtland, VA 23837

Billing Contact Name: Ricky Blunt

Title: Director of Auxiliary Services

Phone Number: 757-653-2692

E-Mail Address: rblunt@southampton.k12.va.us



VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? ☒ Yes ☐ No

Does this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? ☐ Yes ☒ No

Is sewage sludge from this facility applied to the land? ☐ Yes ☒ No

If you answer "No" to all above, skip Section C.

If you answered "Yes" to either, answer the following three questions:

a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No

b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land?
☐ Yes ☐ No

c. Is sewage sludge from this facility sent to another facility for treatment or blending? ☐ Yes ☐ No

If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered "Yes" to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If "Yes", complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.

- a. Facility name: **Capron Elementary School**
- b. Contact person: **Ricky Blunt**
Title: **Director of Auxiliary Services**
Phone: **(757) 653-2692**
- c. Mailing address:
Street or P.O. Box: **P O Box 96**
City or Town: **Courtland** State: **VA** Zip: **23837**
- d. Facility location:
Street or Route #: **18414 Southampton Parkway**
County: **Southampton**
City or Town: **Capron** State: **VA** Zip: **23829**
- e. Is this facility a Class I sludge management facility? ☐ Yes ☒ No
- f. Facility design flow rate: **.004** mgd
- g. Total population served: **244**
- h. Indicate the type of facility:
☐ Publicly owned treatment works (POTW)
☐ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☒ Other (describe): **Public School – Municipal Discharge**

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: **Southampton County School Board**
- b. Mailing address:
Street or P.O. Box: **P O Box 96**
City or Town: **Courtland** State: **VA** Zip: **23837**
- c. Contact person: **Ricky Blunt**
Title: **Director of Auxiliary Services**
Phone: **(757) 653-2692**
- d. Is the applicant the owner or operator (or both) of this facility?
☒ owner ☐ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant?
☐ facility ☒ applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): **VA0027375**
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: _____

4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ☐ Yes ☒ No If "Yes", describe:
-
5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☒ Yes ☐ No
If "Yes", provide the following for each contractor (attach additional pages if necessary).

Name: **Duck's Pumping Service**

Mailing address:

Street or P.O. Box: **9330 Dinky Circle**

City or Town: **Windsor** State: **VA** Zip: **23487**

Phone: **(757)242-6657**

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

☒ Section A (General Information)

☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

☐ Section C (Land Application of Bulk Sewage Sludge)

☐ Section D (Surface Disposal)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title **Charles E. Turner, Division Superintendent**

Signature



Date Signed

12/6/11

Telephone number (757) 653-2692

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE***Complete this section if your facility generates sewage sludge or derives a material from sewage sludge***1. Amount Generated On Site.**

Total dry metric tons per 365-day period generated at your facility: _____ dry metric tons

N/A *see attached sludge disposal plan

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

a. Facility name: _____

b. Contact Person: _____

Title: _____

Phone: (_____) _____

c. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

d. Facility location: _____

(not P.O. Box) _____

e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

_____**3. Treatment Provided at Your Facility.**

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?

_____ Class A _____ Class B ☒ Neither or unknownb. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: NONE

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)

_____ Option 2 (Anaerobic process, with bench-scale demonstration)

_____ Option 3 (Aerobic process, with bench-scale demonstration)

_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)

_____ Option 5 (Aerobic processes plus raised temperature)

_____ Option 6 (Raise pH to 12 and retain at 11.5)

_____ Option 7 (75 percent solids with no unstabilized solids)

_____ Option 8 (90 percent solids with unstabilized solids)

☒ None or unknownd. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: N/A

e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including

blending, not identified in a - d above: N/A**4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge). N/A***(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)*

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:

 dry metric tons

- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

 Yes No**5. Sale or Give-Away in a Bag or Other Container for Application to the Land.***(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.) N/A*

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:
-
- dry metric tons

- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.*(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)*

- a. Receiving facility name:
- Duck's Pumping Service**

- b. Facility contact:
- Leland and Berdie Duck**

Title: **Owner - Manager**Phone: **(757) 242-6657**

- c. Mailing address:

Street or P.O. Box: **9330 Dinky Circle**City or Town: **Windsor** State: **VA** Zip: **23487**

- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:

 N/A dry metric tons

- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:

Type of Permit:

VA0027375

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?
-
-
- Yes
- X**
- No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

 Class A Class B **X** Neither or unknownDescribe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: **Lagoons are monitored by Isle of Wight Health Department – Please direct questions to them**

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge?
-
- Yes
- X**
- No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- ☐ Option 1 (Minimum 38 percent reduction in volatile solids)
☐ Option 2 (Anaerobic process, with bench-scale demonstration)
☐ Option 3 (Aerobic process, with bench-scale demonstration)
☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
☐ Option 5 (Aerobic processes plus raised temperature)
☐ Option 6 (Raise pH to 12 and retain at 11.5)
☐ Option 7 (75 percent solids with no unstabilized solids)
☐ Option 8 (90 percent solids with unstabilized solids)
☒ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: **NONE**

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
☐ Yes ☒ No

If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

- i. If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.
- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No
- If "Yes", provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes ☐ No. If "No", provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. **Haul route is 58 East to Old Bridge Rd. – Pump and Haul semi-annual – times set by Duck's Pumping Service according to their schedule**

7. Land Application of Bulk Sewage Sludge. N/A

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6. Complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:
_____ dry metric tons

- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No

If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No

If "Yes", describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

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- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal. N/A

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
_____ Yes _____ No

If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

- c. Site name or number: _____

- d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Site Owner _____ Site operator

- e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number: _____

Type of Permit: _____

9. Incineration. N/A

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
_____ Yes _____ No

If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

- c. Incinerator name or number: _____

- d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Incinerator Owner _____ Incinerator Operator

- e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing

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of sewage sludge at this incinerator:

Permit Number:

Type of Permit:

10. Disposal in a Municipal Solid Waste Landfill. N/A

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: _____

b. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Landfill Owner _____ Landfill Operator

c. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

d. Landfill location.

Street or Route #: _____

County: _____

City or Town: _____ State: _____ Zip: _____

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:

_____ dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:

Type of Permit:

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?

_____ Yes _____ No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? _____ Yes _____ No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? _____ Yes _____ No

Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.

ATTACHMENT 1

LELAND DUCK LICENSE

**WESTERN TIDEWATER HEALTH DISTRICT
OFFICE OF ENVIRONMENTAL HEALTH SERVICES**

In Cooperation With The
VIRGINIA DEPARTMENT OF HEALTH



PERMIT

OPERATOR: Duck's Pumping Service, INC.

ADDRESS: 9330 Dinky Circle
Windsor, VA 23487

The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is authorized by the Western Tidewater Health District to operate a

SEWAGE HANDLING EQUIPEMENT

Health Department Permit Number: 093-008

Date of Issuance: 03-31-11

Date of Expiration: 12-31-11


Environmental Health Specialist

THIS PERMIT IS NOT TRANSFERABLE FROM ONE INDIVIDUAL OR LOCATION TO ANOTHER

**Gerald H. Gwaltney**

Commissioner of the Revenue

P.O. Box 107

Isle of Wight, VA 23397

2011**ISLE OF WIGHT COUNTY****BUSINESS LICENSE******NOTICE****

This license becomes null & void if ownership, business name or address is changed. All applicable building & zoning regulations pertaining to business location must be followed.

Business Location:

9330 DINKY CIRCLE

Customer # 100069

Business License ID

100081

Number

2626

Type

REPAIR PERSONAL BUS OTHR SERVS
OTHER SERVICES CATEGORY 2

Issued

02/24/2011

Expires

12/31/2011

DUCK'S PUMPING SERVICE LLC
DUCK'S PUMPING SERVICE LLC
9330 DINKY CIRCLE
WINDSOR, VA 23487

BY: 

Authorized Agent

BY:

Gerald H. Gwaltney

Commissioner of the Revenue

POST THIS LICENSE IN A CONSPICUOUS PLACE

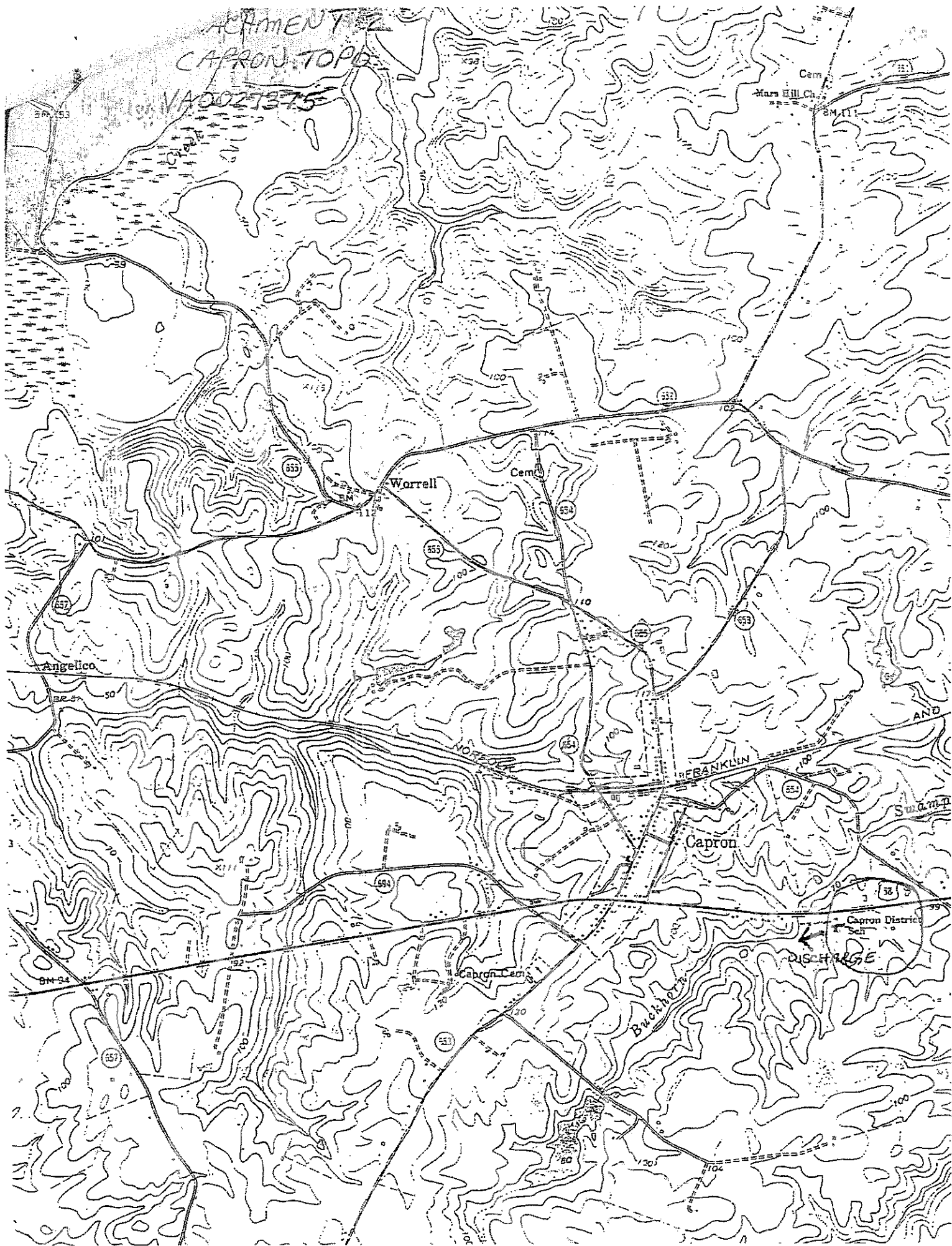


ATTACHMENT 2

DISCHARGE LOCATION/TOPOGRAPHIC MAP

ARMY 2
CAPRON TOPG

VA 0021375



ATTACHMENT 3

SCHEMATIC / PLANS & SPECS

ATTACHMENT 3

SCHEMATIC DIAGRAM OF WASTEWATER TREATMENT AT

CAPRON ELEMENTARY SCHOOL

SEPTIC TANK/SAND FILTER

